



TOWN OF LANESBOROUGH

NEWTON MEMORIAL TOWN HALL, P.O. BOX 1492, LANESBOROUGH, MA 01237 PHONE: 413-442-1167, Ext. 20.

EMPLOYMENT APPLICATION

ALL APPLICATIONS TO BE RETURNED TO THE PERSONNEL OFFICE

The Town of Lanesborough is an equal employment opportunity/affirmative action employer. Applicants are considered for all positions without regard to race, color, religion, gender orientation, sexual orientation, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Date of Application: _____

Position Applying For: _____

Referral Sources: ☐ Advertisement ☐ Friend ☐ Relative ☐ Town Employee
☐ Employment Agency ☐ Other: _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Telephone: (_____) _____ Social Security Number: ____/____/____
Area Code

If employed and you are under 18, can you furnish a work permit? ☐ Yes ☐ No

Have you filed an application here before? ☐ Yes ☐ No If yes, give date: _____

Have you ever been employed here before? ☐ Yes ☐ No If yes, give date: _____

Are you employed now? ☐ Yes ☐ No May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment). ☐ Yes ☐ No

On what date would you be available for work? _____

Are you available to work ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you on a lay-off and subject to recall? ☐ Yes ☐ No

Can you travel if job requires it? ☐ Yes ☐ No

EMPLOYMENT EXPERIENCE

Begin with your present or most recent job. Include military service assignments and verifiable volunteer activities. You may exclude organization names which indicate race, color, religion, gender orientation, sexual orientation, national origin, age, marital, or veteran status.

1. Employer: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Supervisor: _____ Reason for Leaving: _____
Dates Employed: from _____ to _____ Salary: starting: _____ final: _____
Work Performed: _____

2. Employer: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Supervisor: _____ Reason for Leaving: _____
Dates Employed: from _____ to _____ Salary: starting: _____ final: _____
Work Performed: _____

3. Employer: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Supervisor: _____ Reason for Leaving: _____
Dates Employed: from _____ to _____ Salary: starting: _____ final: _____
Work Performed: _____

4. Employer: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Supervisor: _____ Reason for Leaving: _____
Dates Employed: from _____ to _____ Salary: starting: _____ final: _____
Work Performed: _____

Special Skills & Qualifications: Summarize special skills, qualifications, and certifications acquired from employment or other experiences:

EDUCATION

	HIGH SCHOOL	COLLEGE/UNIVERSITY	GRADUATE/ PROFESSIONAL
SCHOOL NAME & LOCATION			
DIPLOMA/DEGREE EARNED			
SPECIAL SKILLS, TRAINING, CERTIFICATES, ETC.			

State any additional information you feel may be helpful to us in considering your application:

List professional, trade, business or civic activities and offices held: (you may exclude those which indicate race, color, religion, gender, orientation, national origin, age, marital or veteran's status):

Give name, relationship, and telephone number of three (3) references (unrelated to you)

1. _____
2. _____
3. _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Company.

Signature of Applicant

Date

The information provided in this application for employment is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background. I authorize the Town of Lanesborough to obtain any information from schools, employers or individuals relating to my activities. This information may include, but is not limited to: academics, achievement, performance, attendance, personal history and discipline. Further, I hereby authorize all references, persons, schools, my current employer (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the Town of Lanesborough any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Lanesborough's use only.

I hereby voluntarily release, discharge and exonerate the Town of Lanesborough, its agents and representatives, and any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Town of Lanesborough.

I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. I understand that, if appointed, my employment will be at-will, for an indefinite period, and can be terminated at any time by the Town, unless otherwise stated in a collective bargaining agreement which covers the position to which I am appointed. I also understand that I must be available from time to time to work outside normal business hours, as the needs of the department require.

If required for the position I am seeking. I agree to take a physical examination, which may include testing for drugs or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such an examination.

I understand that any employment offer by the Town is conditional upon my ability to establish employment under the Immigration Reform and Control Act of 1986 within three (3) days of the date of hire. I represent that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant

Date